

State EDU ID# _____	School Student # _____	Reg Date _____	Records Rqstd _____
Class of _____	Enrollmt Date _____	Records Rcvd _____	Imm _____ BC _____

## MCCALL-DONNELLY SCHOOL DISTRICT ENROLLMENT FORM

FOR: (mark school) \_\_\_\_\_ McCall Donnelly High School \_\_\_\_\_ Heartland High School

\_\_\_\_\_ Payette Lakes Middle School \_\_\_\_\_ Barbara R Morgan Elementary \_\_\_\_\_ Donnelly Elementary

**BASIC STUDENT DEMOGRAPHICS:**

Grade Level: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Preferred Last Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Proof of Age Shown: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Unlisted? Yes \_\_\_\_\_ No \_\_\_\_\_

**Ethnic Code:**

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

1. Choose one:  Hispanic/Latino of any race  non-Hispanic/Latino only
2. Choose all that apply:  White  Asian  Native Hawaiian/Other Pacific Islander  American Indian or Alaskan Native  
 Black/African American

Physical Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your physical address in Rock Flats: YES \_\_\_\_\_ NO \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Proof of Residency: \_\_\_\_\_

District of Residence: McCall: \_\_\_\_\_ Meadows Valley: \_\_\_\_\_ Cascade: \_\_\_\_\_ Other: \_\_\_\_\_

**Student's personal email address** \_\_\_\_\_

**SPECIAL PROGRAMS:** (Check all special programs or services in which the student has participated:)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Special Education/OT/PT/Speech Therapy     | <input type="checkbox"/> 504                 | <input type="checkbox"/> Homeless                  |
| <input type="checkbox"/> Tested by School Counselor or Psychologist | <input type="checkbox"/> Retained            | <input type="checkbox"/> Native American Education |
| <input type="checkbox"/> Title I - Reading or Math Support          | <input type="checkbox"/> ESL/ELL/LEP         | <input type="checkbox"/> Migrant                   |
| <input type="checkbox"/> International Baccalaureate                | <input type="checkbox"/> Gifted and Talented |  |

<b>PARENT INFORMATION: (Custody)</b>	Restrictions for Custody (if applicable):
<input type="checkbox"/> Both Parents <input type="checkbox"/> Social Agency	_____
<input type="checkbox"/> Father Only <input type="checkbox"/> Joint Custody	_____
<input type="checkbox"/> Mother Only <input type="checkbox"/> Legal Guardian	_____
<input type="checkbox"/> Foster Family <input type="checkbox"/> Self/Independent Adult	Legal Document on File: YES _____ NO _____
<input type="checkbox"/> Grandparent Only	

<b>Student Lives With:</b>	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Mother/Stepparent <input type="checkbox"/> Father/Stepparent
<input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Other	Describe: _____

<b>Parent Military Connection:</b>
Student is a dependent of: <input type="checkbox"/> A member of Active Duty Forces full-time (Army,Navy,AF,Marine,Coast Guard)
<input type="checkbox"/> A member of National Guard or Reserve Forces (Army,Navy,AF,Marine,Coast Guard)
<input type="checkbox"/> Student is not military connected.

**RESIDENCY STATUS:** Must check **either** Regular Housing **OR** Other Housing:

Regular Housing (fixed, regular, adequate nighttime residence)

**Other Housing:**

- |  |  |
|--|--|
| <input type="checkbox"/> in a shelter, transitional housing, or awaiting foster care | <input type="checkbox"/> in a hotel or motel   |
| <input type="checkbox"/> in a temporary trailer, campground, car or park             | <input type="checkbox"/> with more than one family in a house or apartment due to loss of housing or economic hardship |

<b>School Use Only</b> - Building Administrator's determination of <b>Residency Status</b> circumstances: McKinney-Vento Act qualified? Yes _____ No _____ Initials _____
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**PARENT/GUARDIAN:** (List the parents/guardians the student lives with first.)

**First Parent/Guardian:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student: YES \_\_\_\_\_ NO \_\_\_\_\_

Address: if different from Student's \_\_\_\_\_

Speaks English? YES \_\_\_\_\_ NO \_\_\_\_\_ Primary Language: \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Copy of Correspondence? YES \_\_\_\_\_ NO \_\_\_\_\_

**Second Parent/Guardian:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student: YES \_\_\_\_\_ NO \_\_\_\_\_

Address: if different from Student's \_\_\_\_\_

Speaks English? YES \_\_\_\_\_ NO \_\_\_\_\_ Primary Language: \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Copy of Correspondence? YES \_\_\_\_\_ NO \_\_\_\_\_

**Third Parent/Guardian:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student: YES \_\_\_\_\_ NO \_\_\_\_\_

Address: if different from Student's \_\_\_\_\_

Speaks English? YES \_\_\_\_\_ NO \_\_\_\_\_ Primary Language: \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Copy of Correspondence? YES \_\_\_\_\_ NO \_\_\_\_\_

**Fourth Parent/Guardian:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Lives with Student: YES \_\_\_\_\_ NO \_\_\_\_\_

Address: if different from Student's \_\_\_\_\_

Speaks English? YES \_\_\_\_\_ NO \_\_\_\_\_ Primary Language: \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Copy of Correspondence? YES \_\_\_\_\_ NO \_\_\_\_\_

**Student Directory Information**

Directory information includes student's name, address, telephone number, email address, photograph, date and place of birth, grade level, weight and height of athletic team members, participation in officially recognized activities & sports, dates of attendance, enrollment status, degrees, honors and awards received and most recent school attended.

You have the right to request that your son or daughter not be included in student directory information that is released to the public.

If you DO NOT want your son or daughters student directory information released please contact the school office and complete the Directory Information Parent Opt Out Form.

**SIBLING INFORMATION:**

Name	Relationship	Age	Gender	School Attending

**PREVIOUS SCHOOL INFORMATION:**

#1 School Name _____	District _____
City/State _____	Grades Attended _____
Entry Date _____	Withdrawal Date _____
#2 School Name _____	District _____
City/State _____	Grades Attended _____
Entry Date _____	Withdrawal Date _____
#3 School Name _____	District _____
City/State _____	Grades Attended _____
Entry Date _____	Withdrawal Date _____
#4 School Name _____	District _____
City/State _____	Grades Attended _____
Entry Date _____	Withdrawal Date _____

**Have you ever been suspended or expelled from previous school?**  Yes  No

**FIELD TRIP PERMISSION**

During the school year, your child will have opportunities to visit various places with his/her class on well planned, supervised field trips. We find that these trips compliment classroom activities and provide meaningful learning opportunities for our students.

While a notice of time, place and method of transportation will be sent to you prior to each field trip, it is beneficial for us to have a permission slip on file.

I grant permission for my child, \_\_\_\_\_, to accompany his/her class on field trips sponsored by \_\_\_\_\_ Barbara R Morgan Elementary, \_\_\_\_\_ Donnelly Elementary, \_\_\_\_\_ Payette Lakes Middle School, \_\_\_\_\_ McCall Donnelly High School, \_\_\_\_\_ Heartland High School.

\_\_\_\_\_  
***Parent/Guardian Signature for field trip permission***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Signature of Parent/Guardian that all information is correct***

\_\_\_\_\_  
***Date***

Legal parents have the right to information unless legal documentation is provided that states otherwise.

**McCall-Donnelly School District**  
**Statewide Home Language Survey**

Our school district along with the Idaho State Department of Education and the Office for Civil Rights require that students' language(s) are identified. This survey's purpose is to determine whether they are potentially eligible for language services.

<b><u>Student Name:</u></b>		<b><u>Date:</u></b>	
<b><u>Birthdate:</u></b>		<b><u>Gender:</u></b>	Male      Female
<b><u>School:</u></b>		<b><u>Grade:</u></b>	

1. What language(s) are spoken in the home?

\_\_\_\_\_

2. What language(s) does your student speak most often?

\_\_\_\_\_

3. What language(s) did your student first learn?

\_\_\_\_\_

4. Which language does your child speak with you? \_\_\_\_\_

5. Which language do you use when speaking with your child? \_\_\_\_\_

6. Which language do you want phone calls and letters? \_\_\_\_\_

7. What is your relationship to the child? Mother    Father    Guardian

Other (specify) \_\_\_\_\_

8. Is there any additional information you would like the school to know about your child? \_\_\_\_\_

McCall-Donnelly Jt. School District #421  
**EMERGENCY MEDICAL FORM**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Email Address \_\_\_\_\_

Parent/Guardian Phone Numbers:

**Mother/Guardian**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

**Father/Guardian**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Telephone numbers of friends or relatives the school personnel can contact if parents can not be found.

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Check any current health problems your child has:**

- |  |  |
|--|--|
| <input type="checkbox"/> No Known Health Problems                  | <input type="checkbox"/> Migraines _____                         |
| <input type="checkbox"/> Blood Disorder _____                      | <input type="checkbox"/> Environmental hypersensitivity to _____ |
| <input type="checkbox"/> Food Allergy to: _____                    | <input type="checkbox"/> Potentially severe reaction to _____    |
| <input type="checkbox"/> Heart Problem _____                       | <input type="checkbox"/> Skin Problems _____                     |
| <input type="checkbox"/> Diabetes _____                            | <input type="checkbox"/> Cancer _____                            |
| <input type="checkbox"/> Seizures: type _____                      | <input type="checkbox"/> Asthma _____                            |
| <input type="checkbox"/> Glasses/Contacts _____                    | <input type="checkbox"/> ADD/ADHD _____                          |
| <input type="checkbox"/> Hearing Aid (R) _____ (L) _____           | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> Hearing/Visual Impairment (specify) _____ |  |

**Receiving medication:**

Yes  No IF YES, name of medication \_\_\_\_\_

Is this medication needed at school?  Yes  No

Child is able to take PE/Recess?  Yes  No \*If NO, must provide medical documentation of limitations

**My student may take at school:**  Acetaminophen (Tylenol)  Ibuprofen (Advil/Motrin)  Antacids

**(Per school procedure, school staff will still call parents before giving any OTC medicaton.)**

If the event of serious illness or injury, your family physician is not available or is not located in the immediate vicinity and we are unable to contact one or both parents, does the district staff have your permission to seek medical attention from the nearest physician? \_\_\_\_\_ YES \_\_\_\_\_ NO If you answer "NO" please specify the procedure you wish the district staff to follow: \_\_\_\_\_

If an emergency arises while your child is participating in an activity away from home, do you consent to an examination and/or treatment by a physician recommended by the host school authorities? \_\_\_\_\_ YES \_\_\_\_\_ NO If answered "NO" please specify the procedure you wish our staff to follow: \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

Please return to your school office.

McCall-Donnelly Jt. School District #421

Directory Information Parent Opt-Out Form

***If this form is not completed and returned to the school, the McCall-Donnelly School District assumes that you have given your consent.***

By checking the box(es) below, I prohibit the release of directory information regarding my student.

School Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

**Withhold Student Directory Information from:**

- Any third party, including, but not limited to, representatives of the news media (newspaper), prospective employers, post-secondary institutions, and non-profit organizations.
- The school yearbook or school picture companies.
- Being published on the McCall-Donnelly School District website (which includes photograph).
- Military recruiters (High School only)

This non-permission form is valid until a new form is completed.

\_\_\_\_\_  
Parent Name (Printed)                      Parent Signature                      Date